

CITY OF BRUNSWICK

1 W. Potomac Street · Brunswick, Maryland 21716 · (301) 834-7500

Home Occupation/ Resident Professional Office APPLICATION FOR ZONING CERTIFICATE

Applicant:	
Property Owner:	
Property Address:	Phone:
Mailing Address	
(All issued Zoning Certificates will be mailed to the Mailing Ad	dress)
Zoning District:	ZC#:
Business Name:	
Is there currently a home occupation or resident professional office	e in your home?
Will you buy, sell, or keep an inventory of products in your home?	
Have you obtained a Trader's License?	
Products to be sold:	
Services to be provided:	
Total square footage of living area in home:	
Square footage of area used for home occupation/resident profession	onal office:
How many customers do you expect to visit your home every day?	
Will you have any employees?	_How many?
Will the employees be members of your family?	Do they reside in your home?
Will goods associated with the business be delivered to your home?	?
By what means?	
Do you expect traffic to increase in your neighborhood as a result o	f your home occupation/resident professional office?
What will your hours of operation be?	
Do you have off-street parking at your home?Hov	w many spaces? Will any be added?
Where will they be added?	
Will a sign be placed at the property to advertise the business?	
What size?	Where will it be located?
hereby certify that the information contained herein is correct	
Signature of Applicant	Date

(Rev. 02/05)



CITY OF BRUNSWICK

1 W. Potomac Street • Brunswick, Maryland 21716 • (301) 834-7500

Zoning Certificate

Applicant:	
Property Owner:	
Property Address:	Phone:
Mailing Address	I be mailed to the Mailing Address)
Assessment I.D. #:	
Tax Map / Parcel / Lot #:	
Zoning District:	
Proposed Improvements / Changes Explanation: (can be attached on a	to Property or Proposed New Use of Property / Details separate sheet of paper)
Signature of Applicant	Date
OFFICE USE ONLY:	
ZC#:	Fee Paid / Date:
Issued By:	Date:
Conditions:	
(Rev. 02/05)	